



LAKE STEVENS VIKINGS YOUTH FOOTBALL CLUB



2010 MEDICAL AUTHORIZATION/ HB 1824 COMPLIANCE FORM

PLAYER INFORMATION - (PLEASE PRINT LEGIBLY)

LAST NAME: _____ FIRST NAME: _____ D.O.B. ___/___/___

STREET ADDRESS: _____ CITY _____ ZIP _____

PEEWEE _____ 89er _____ JUNIOR _____ SENIOR _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN 1 FULL NAME			
RELATIONSHIP TO PLAYER		HOME PHONE NUMBER	
CELL/WORK PHONE NUMBER		EMAIL ADDRESS	
PARENT/GUARDIAN 2 FULL NAME			
RELATIONSHIP TO PLAYER		HOME PHONE NUMBER	
CELL/WORK PHONE NUMBER		EMAIL ADDRESS	

FAMILY DOCTOR CONTACT INFORMATION

PHYSICIAN/PHONE NUMBER	
MEDICAL CONDITIONS	
ALLERGIES	
MEDICATIONS	
TREATMENT FACILITY	

MEDICAL AUTHORIZATION/LIABILITY WAIVER/HB 1824 COMPLIANCE STATEMENT

MEDICATION AUTHORIZATION - GRANT OF CONSENT . I HEREBY CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL ACTIVITIES. IN CASE OF AN EMERGENCY, I GIVE MY PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY TREATMENT AT ANY RESPONSIBLE ACCESSIBLE HOSPITAL.

LIABILITY WAVIER. AS A PARENT (OR LEGAL GUARDIAN) OF THE ABOVE NAMED MINOR, I GRANT PERMISSION FOR THE MINOR TO PARTICIPATE IN ALL ACTIVITIES OF THE SPORTS PROGRAM. I ASSUME ALL RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, AND DO HEREBY RELEASE AND WAIVE ALL CLAIMS AGAINST LSVYFC BOARD MEMBERS, STAFF, COACHES, VOLUNTEERS, SPONSORS, AGENTS, OTHER PARTICIPANTS, ARLINGTON, BOTHELL, BRIER, EDMONDS, EVERETT, LAKE STEVENS, LAKEWOOD, LYNNWOOD, MARYSVILLE, MILL CREEK, MONROE, MOUNTLAKE TERRACE, MUKILTEO, SNOHOMISH, AND STANWOOD SCHOOL DISTRICT AND ANY OTHER SCOOOL DISTRICT WE MAY PARTICIPATE IN.

HB 1824 COMPLIANCE STATEMENT. I HAVE BEEN PROVIDED WITH INFORMATION ON **CONCUSSIONS IN YOUTH SPORTS**. IF THE PLAYER IS SUSPECTED OF A HEAD INJURY OR CONCUSSION, THE PLAYER WILL BE REMOVED FROM PLAY. THE PLAYER WILL BE KEPT FROM PLAY UNTIL GIVEN PERMISSION TO RETURN TO PLAY BY A HEALTH CARE PROVIDER.

www.cdc.gov/concussioninyouthsports

SIGNATURE OF PARENT/GUARDIAN: _____ PRINT NAME: _____ DATE: _____

SIGNATURE OF PLAYER: _____ PRINT NAME: _____ DATE: _____

CONTACT US AT www.lakestevensvikings.org